

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003

47501  
STATE FILE NUMBER  
12226  
Registrar's No.

Registration District No. 318 Primary Registration District No.

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>University City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>14 Jewish Hosp.</b>		Length of stay in lb <b>4 days</b>	d. STREET ADDRESS (If outside, give location) <b>1067 North &amp; South</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>DAVE (AKA DAVID) BRODDEN</b>			4. DATE OF DEATH <b>Dec. 19, 1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIAGE <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 30, 1894</b>		9. AGE (In years last birthday) <b>63</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sheetmetal Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Sheetmetal</b>		11. BIRTHPLACE (City and state or country) <b>USSR</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Nathan Brodden</b>		13b. MOTHER'S MAIDEN NAME <b>Unk.</b>	
14. NAME OF HUSBAND OR WIFE <b>Sarah</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unk.</b>	
17. INFORMANT <b>Sarah Brodden</b>		Address <b>1067 NO. &amp; So.</b>		18. CAUSE OF DEATH (Enter only one cause per line; (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Pancreas</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>157x</b>	
19. INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>University City, Mo</b>		20g. COUNTY _____ STATE _____	
21. I attended the deceased from Death occurred at <b>9:30 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from <b>1955</b> to <b>12/19/57</b> and last saw him alive on <b>12/19/57</b>		22a. SIGNATURE (Degree or title) <b>Herman M. Meyer M.D.</b>	
22b. ADDRESS <b>4409 West Pine</b>		22c. DATE SIGNED <b>12/19/57</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem.</b>	
23b. DATE <b>12/20/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Embth</b>		23d. LOCATION (City, town, or county) (State) <b>University City, Mo</b>	
24. FUNERAL DIRECTOR <b>Berger Memorial</b>		ADDRESS <b>4715 W. Cherson</b>		25. DATE RECD. BY LOCAL REG. <b>DEC 20 57</b>	
26. REGISTRAR'S SIGNATURE <b>Carl Smith, M.D.</b>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. 4219 .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

o. If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.